

Notice of Rights of Confidentiality For Drug Court Participants

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Notification Form from 42 C.F.R. § 2.22(d)

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

As a participant in the Drug Court Program we are providing you with this Notice of Rights of Confidentiality for Drug Court Participants to advise you of your rights of confidentiality and the disclosure of confidential information. You may elect to waive your rights to confidentiality as defined within this notice by signing the *Consent For Disclosure of Confidential Substance Abuse Treatment Information: Drug Court Referral* which provides the necessary consent from you to allow the disclosure of confidential information as provided in section (1) “the patient consents in writing,” of this Notice.

(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 C.F.R. Part 2 for federal regulations.)

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT
INFORMATION: DRUG COURT REFERRAL**

I, _____, being the Defendant in Case Number _____, and having agreed to enroll and participate in the Montgomery County Adult Drug Court Program, hereby consent to allow on-going communications about my compliance status among the following Parties or agencies involved in the Drug Court Program: The Honorable Nelson Rupp, Associate Judge of the Circuit Court, (or his Judicial Designee), the employees engaged in the Drug Court operations of the Montgomery County Circuit Court, the Montgomery County Department of Health and Human Services (DHHS), The State's Attorney's Office (SAO), the Office of the Public Defender (OPD) or my private counsel, the Department's of Parole and Probation and Correction and Rehabilitation, and/or other referring or treating agencies involved in the direct delivery of services through the Montgomery County Adult Drug Court Program.

I understand that the purpose of, and the need for this disclosure, is to: inform the court and the other above-named parties or agencies of my eligibility and/or acceptability for substance abuse treatment services; to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of my probation; to discuss and assess my status as a participant in the Drug Court Program; and, to assess and comment on my progress in accordance with the Drug Court's reporting and monitoring criteria.

I agree to permit disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as defined by the Drug Court. I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Drug Court participation (including the results of urinalysis or other drug screening tools,) and other material information will be discussed and shared among members of the Drug Court team. I further understand that summary information about my compliance or non-compliance will be discussed in open court, specifically, whether I have attended all meetings, treatment sessions, the results of urinalysis or alcoscan testing as required, and the disclosure of my compliance or non-compliance with the terms and conditions of my probation as defined by the Court.

I understand that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records and that it is a crime to violate this confidentiality requirement unless I voluntarily consent to permit its disclosure. Recipients of this information may re-disclose it only in connection with their official duties.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the drug court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the drug court requirements, or upon sentencing for violating the terms of my drug court involvement.

SIGNATURE OF PROGRAM PARTICIPANT Date _____

Signature of Witness Date _____